

Nonrefundable Filing Fee:
 Profit Corporation: \$25.00
 Nonprofit Corporation: \$10.00
 General Partnership: \$10.00
 LLP: \$25.00
 Limited Partnership: \$10.00
 LLLP: \$10.00
 LLC: \$25.00

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
 335 Merchant Street
 Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810



STATEMENT OF CHANGE OF REGISTERED AGENT'S BUSINESS ADDRESS

(Section 414-62, 414-438, 414D-72, 414D-278, 425-19, 425E-115, 428-108 Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned registered agent certifies as follows:

1. Please check one:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Profit Corporation
(F/\$25/B15) | <input type="checkbox"/> Nonprofit Corporation
(F/\$10/B15) | <input type="checkbox"/> General Partnership
(F/\$10/B33) | <input type="checkbox"/> Limited Liability Partnership
(F/\$25/L34) |
| <input type="checkbox"/> Limited Partnership
(F/\$10/B34) | <input type="checkbox"/> Limited Liability Limited Partnership
(F/\$10/B34) | <input type="checkbox"/> Limited Liability Company
(F/\$25/L14) | |

2. The name and state/country of incorporation/formation or organization of the entity is:

 (Type/Print Entity Name) (State or Country)

3. My business address has been changed:

From: _____

To: _____

4. The address of the entity's registered office and my business address is identical.

5. The entity has been notified of this change.

I certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208 and 428-1302, Hawaii Revised Statutes, as applicable, that I have read the above statements and that the same are true and correct.

Signed this _____ day of _____,

 (Type/Print Name of Agent) (Signature)

Office Held: _____
 (If applicable)

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. The statement must be signed and certified by the **registered agent**. If registered agent is an entity, an authorized official must sign. All signatures must be in **black ink**. Submit original statement together with the appropriate fee(s).

Execution:

If the registered agent is an **individual**, the individual must sign.

If the registered agent is a **corporation**, at least one officer of the corporation must sign.

If the registered agent is a **general partnership**, at least one general partner must sign.

If the registered agent is a **limited liability partnership**, at least one partner must sign.

If the registered agent is a **limited partnership**, at least one general partner must sign.

If the registered agent is a **limited liability limited partnership**, at least one general partner must sign.

If the registered agent is a **limited liability company**, at least one manager of a manager-managed company or at least one member of a member-managed company must sign.

Line 1. Check the appropriate box.

Line 2. State the full name and the state/country of incorporation/formation of the entity.

Line 3. a. State the current business address of the agent.
b. State the new business address of the agent. Give the number, street, city, state and zip code.

Filing Fees: ***Filing fees are not refundable.*** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.

Profit Corporation (\$25)

Nonprofit Corporation (\$10)

General Partnership (\$10)

Limited Liability Partnership (\$25)

Limited Partnership (\$10)

Limited Liability Limited Partnership (\$10)

Limited Liability Company (\$25)

Dishonored Check (\$15 fee plus interest charge)

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.